



Atty. Dkt. No. 096061-0102

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Robert C. SHIPMAN et al.  
Title: Materials and Methods for Analysis of ATP-Binding Cassette Transporter Gene Expression  
Appl. No.: 10/582,982  
Filing Date: 06/15/2006  
Examiner: Steven C. Pohnert  
Art Unit: 1634  
Confirmation Number: 1560

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicants hereby appeal to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated March 30, 2009, and in the Advisory Action dated September 10, 2009, finally rejecting Claims 49, 50 and 78.

☒ Applicants claim small entity status.

☒ Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ Notice of Appeal Fee

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

09/30/2009 SZEWDIE1 00000012 10582982

01 FC:2401  
02 FC:2253

270.00 OP  
310.00 OP

The required fees are calculated below:

|                                     |  |            |
|-------------------------------------|--|------------|
| <input checked="" type="checkbox"/> | Notice of Appeal Fee                                 | \$540.00   |
| <input checked="" type="checkbox"/> | Extension for response filed within the third month: | \$1,110.00 |
| <input checked="" type="checkbox"/> | Extension Already Obtained for second month:         | \$490.00   |
|                                     | FEE TOTAL:   | \$1,160.00 |
| <input checked="" type="checkbox"/> | Small Entity Fees Apply (subtract ½ of above):       | \$580.00   |
|                                     | TOTAL FEE:   | \$580.00   |

A credit card payment form in the amount of \$580.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16, 1.17 and 41.20, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date September 29, 2009

By Courtenay C. Brinckerhoff

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